

Please make sure you

- Answer all the questions on this form
- Send us all the documents we ask for
- Complete this form in CAPITAL letters
- Use black ink

1: PERSONAL DETAILS

Title (MR, MISS, MRS, MS or other title)

Marital Status

Surname

First Name

Middle Name

Name preferred to be known by

All other surnames or family names (including maiden name)

Address (including postcode)

Postcode

Daytime phone number

Mobile number

Email address

Do you hold a current full UK driving licence? YES NO

2: YOUR NEXT OF KIN DETAILS

Name

Relationship to you

Address (including postcode)

Postcode

Daytime phone number

Mobile number

3: RIGHT TO WORK

National insurance number

Date of birth / /

Your nationality

Please tell us about your eligibility to work in the UK

I am eligible to work in the UK and do not require a work permit.

I am already in possession of a work permit to work in the UK

I need to obtain a work permit to work in the UK

If other please specify:

MEDICAL LOCUMS APPLICATION FORM



4: PROFESSIONAL DETAILS

GMC Number:	Date of Registration:	
Licence to Practice: YES <input type="checkbox"/> NO <input type="checkbox"/>	Vocational Certification:	
CCT:	Certificate Number:	Date Issued:
Other:	Issuing Body:	Date Issued:
Revalidation Date/Status:		

Performer's List Registration & Appraisal

NHS Where Registered:	in order to practice as a GP in the NHS, you must be registered with the Performer's List. This registration also sets out the framework for annual appraisals and revalidation.	
Date of Last Appraisal:	Name of Appraiser:	
Eligibility for grade (SpR & Consultant)		
Completion of Training Certificate: (Consultants)	Certificate No:	Date Issued:
National Training Number (SpR)	Certificate No:	Date Issued:
Previous Middle Grade Experience: (SpR)	Certificate No:	Date Issued:
Exemption:	Certificate No:	Date Issued:
Other (eg EU Training etc):	Issuing Body	Date of Exemption:
Details if Other:		

5: QUALIFICATIONS

Qualifying Degree:	Date of award:
Institution:	

OTHER PROFESSIONAL QUALIFICATIONS (e.g. ALS, DRCOG, MRCGP etc):

Name:	Date of Award: / /	Copy attached YES <input type="checkbox"/> NO <input type="checkbox"/>
Name:	Date of Award: / /	Copy attached YES <input type="checkbox"/> NO <input type="checkbox"/>
Name:	Date of Award: / /	Copy attached YES <input type="checkbox"/> NO <input type="checkbox"/>

BLS OR HIGHER CERTIFICATION (ALS, ATLS, PALS etc)

Name:	Date of Award: / /	Copy attached YES <input type="checkbox"/> NO <input type="checkbox"/>
Name:	Date of Award: / /	Copy attached YES <input type="checkbox"/> NO <input type="checkbox"/>

6: FITNESS TO PRACTICE

Have you ever been the subject of a profession conduct/competence enquiry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you aware of any professional conduct/competence enquiries being considered against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please give further details on a separate form if you answered YES to either question above

7: PROFESSIONAL INDEMNITY

Indemnifying Body:	Membership Number:
Expiry:	No of Sessions:

11: REHABILITATION OF OFFENDERS ACT

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

I have no convictions I have convictions (see Note below)

Please as appropriate

Note: (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

12: DBS CHECK

Have you had a DBS Enhanced Check conducted in the last 2 years? YES NO

Are you registered with the DBS Update service? YES NO

Please enclose a copy of your last check and if applicable, authorise us to verify your DBS Update Status. If your current Check is more than 2 years old we will need to organise one for you. Please call a member of our team on 0345 548 3300 to get this underway.

We are also required to verify your ID as a part of the registration process, This can either be done in person at our offices or alternatively, by you providing us with certified copies of the documents listed below. **We cannot process your application without these so please look through this list carefully.**

13: PERSONAL DECLARATION

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signed Date.....

14: WORKING TIME REGULATIONS

FOR THE PURPOSE OF THE Working Time Regulations 1998 (as amended). I consent to work in excess of an average 48 hours per week. I understand that I may withdraw the consent by giving Acerta24 not less than three months' notice. I understand that my registration with Acerta24 can be terminated at any time following unsatisfactory work reports.

I consent to work I do not consent to work

Signed Date.....

LOCUM REQUIREMENTS

Please tick what areas you have experience in

- | | |
|---|---|
| <input type="checkbox"/> Anaesthesia | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Paediatrics and Child Health |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Histopathology |
| <input type="checkbox"/> Endocrinology and Diabetes | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Intensive Care Medicine | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Renal Medicine | <input type="checkbox"/> Clinical Oncology |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Medical Oncology |
| <input type="checkbox"/> Obstetrics and Gynaecology | |

DECLARATION & FINAL CHECK LIST

To enable us to process your application as soon as possible, please send us copies of the following documents when returning this form:

- | | |
|--|--|
| <input type="checkbox"/> GMC Certificate | <input type="checkbox"/> Up to date CV |
| <input type="checkbox"/> Licence to Practice Letter | <input type="checkbox"/> Signed BCG Sighting/MMr |
| <input type="checkbox"/> Proof of Vocational Certification | <input type="checkbox"/> Immunisation Records and Titre Results |
| <input type="checkbox"/> Proof of Indemnity | <input type="checkbox"/> Details of Specialist Clinics you can conduct & Proof of Training |
| <input type="checkbox"/> Degree, Diploma and Membership Certificates | <input type="checkbox"/> Passport Photograph |
| <input type="checkbox"/> Existing DBS/CRB Enhanced Disclosure | <input type="checkbox"/> 2 x Proof of Address |
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> Completed Health Questionnaire - OH form |
| Training Certificates for: | <input type="checkbox"/> Infection Control |
| <input type="checkbox"/> Moving & Handling | <input type="checkbox"/> Handling of Violence & Aggression |
| <input type="checkbox"/> Health & Safety inc COSHH/RIDDOR/FIRE | <input type="checkbox"/> Complaints Handling |
| <input type="checkbox"/> Caldicott Procedures/Information Governance | <input type="checkbox"/> BLS & ALS/ATLS (or as appropriate for your speciality) |
| <input type="checkbox"/> Lone Worker Training | |